



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
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COMPLAINT INVESTIGATION

Complaint Number:
Status:
Complainant/Address/Phone

Complaint Type:

Received By:
Date: Time:
Referred To:
Date: Time:
Inspection Number:
Investigation Date:

Description:

Action:

Operation Information:
Operation:
Permit Number:
File Number:
Operator:
Address:

, Inspector